Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property

& Casualty Insurance Company

Product Name: Commercial Property SERFF Tr Num: NWCM-State: Arkansas

125830257

TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire Co Tr Num: E-2008MARR-7JQKYV State Status: Fees verified and

and Allied Lines) received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Marie Safreed Disposition Date: 09/24/2008

Date Submitted: 09/24/2008 Disposition Status: Approved

Effective Date Requested (New): 02/16/2009 Effective Date (New): 02/16/2009

Effective Date Requested (Renewal): 02/16/2009 Effective Date (Renewal):

02/16/2009

State Filing Description:

## **General Information**

Project Name: Commercial Property Form Filing Status of Filing in Domicile: Not Filed

Project Number: E-2008MARR-7JQKYV Domicile Status Comments:

Reference Organization: ISO Reference Number: CL-2008-OWERO, CL-

2008P0WERU

Reference Title: Advisory Org. Circular: LI-CF-2008-215, LI-CF-

2008-216

Filing Status Changed: 09/24/2008

State Status Changed: 09/24/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt a form applicable for Commercial Property policies. Please see the attached filing memorandum.

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# **Company and Contact**

**Filing Contact Information** 

Marie Safreed, State Filing Specialist safreem@nationwide.com
One Nationwide Plaza (614) 249-9741 [Phone]
Columbus, OH 43215 (614) 249-3922[FAX]

**Filing Company Information** 

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio

One Nationwide Plaza Group Code: 140 Company Type: Property &

Casualty

1-17-02

Columbus, OH 43215 Group Name: State ID Number:

(614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

-----

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio

One Nationwide Plaza Group Code: 140 Company Type: Property &

Casualty

1-17-02

Columbus, OH 43215 Group Name: State ID Number:

(614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

-----

Nationwide Property & Casualty Insurance

Company

One Nationwide Plaza Group Code: 140 Company Type: Property &

CoCode: 37877

Casualty

State of Domicile: Ohio

1-17-02

Columbus, OH 43215 Group Name: State ID Number:

(614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

-----

**Filing Fees** 

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking Number: NWCM-125830257 State: Arkansas EFT \$50

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number:

Company Tracking Number:  $E ext{-}2008MARR ext{-}7JQKYV$ 

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Commercial Property Form Filing/E-2008MARR-7JQKYV Project Name/Number:

Retaliatory? No

Fee Explanation: 50.00 FOR FORM

Per Company: No

 $E ext{-}2008MARR ext{-}7JQKYV$ 

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Company Tracking Number:

Company

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

**COMPANY AMOUNT** DATE PROCESSED TRANSACTION # Nationwide Mutual Fire Insurance Company \$0.00 09/24/2008 Nationwide Mutual Insurance Company \$50.00 09/24/2008 22688142 Nationwide Property & Casualty Insurance \$0.00 09/24/2008

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/24/2008	09/24/2008

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# **Disposition**

Disposition Date: 09/24/2008 Effective Date (New): 02/16/2009 Effective Date (Renewal): 02/16/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

**Overall Rate Information for Multiple Company Filings** 

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Yes

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Form WATER EXCLUSION ENDORSEMENT Approved Yes

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	<b>Action Specific</b>	Readability	Attachment
Status			Date		Data		
Approved	WATER	CP 10 32	80 80	Endorseme New			CP 10 32.pdf
	EXCLUSION	80 80		nt/Amendm			
	ENDORSEMENT	Γ		ent/Conditi			
				ons			

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WATER EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART STANDARD PROPERTY POLICY

**A.** The exclusion in Paragraph **B.** replaces the **Water** Exclusion in this Coverage Part or Policy.

#### B. Water

- Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
- 2. Mudslide or mudflow;
- Water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
- **4.** Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces:
  - **b.** Basements, whether paved or not; or
  - c. Doors, windows or other openings; or

 Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1., 3. or 4., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 5., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 5., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage (if sprinkler leakage is a Covered Cause of Loss).

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.00 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

## **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: E-2008MARR-7JQKYV

TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied

Lines)

Product Name: Commercial Property

Project Name/Number: Commercial Property Form Filing/E-2008MARR-7JQKYV

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 09/24/2008

Property & Casualty

Comments:

**Attachments:** 

F777AR\_021307[1].pdf F778AR\_021307[1].pdf AR Filing Memo.pdf 1. Reserved for Insurance Dept. Use Only

# **Property & Casualty Transmittal Document**

1 . Reserved for Insurance Dept. Use Only				2. Insurance Department Use only							
				a. Date the filing is received:							
				b. Analyst:							
				c. Disposition:							
				d. Date of disposition of the filing:							
				e. Effective date of filing:							
					New Bu						
				Renewal Business							
					te Filing						
					RFF Filin		<u>:</u>				
				h. Sul	oject Cod	ies			_		
3.	Group Name									NAIC #	
	Nationwide Insurance Compar	nies						140			
4.	Company Name(s)				Domicil	е	NAIC #	FE	IN#	State #	
	Nationwide Mutual Insurance C	Company			ОН		140-23787	31 41	- 77100		
	Nationwide Mutual Fire Insurance Company				ОН		140-23779	31 41	- 77110		
	Nationwide Property & Casualty Insurance Company OH 140-37877					31 09	- 70750				
								1			
5.	Company Tracking Number			E-2008	MARR-7	JQI	KYV				
Con	tact Info of Filer(s) or Corpor		r(s)	[include	toll-free		mber]				
	tact Info of Filer(s) or Corpor Name and address	Title		[include	toll-free	nur	mber] FAX #			mail	
Con	tact Info of Filer(s) or Corpor	Title		[include	toll-free	nur	mber]			<b>mail</b> ②nationwi	
Con	Name and address Marie Safreed One Nationwide Plaza 1-17-02	<b>Title</b> State Fi	ling	[include Teleph (614) 24	e toll-free none #s 19-9741	nur (61	mber] <b>FAX #</b> 4) 249-3922		afreem@		
Cor 6.	Name and address Marie Safreed One Nationwide Plaza 1-17-02	<b>Title</b> State Fi	ling	[include Teleph (614) 24	toll-free	nur (61	mber] <b>FAX #</b> 4) 249-3922		afreem@		
7.	Mame and address Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215	Title State Fil Specialist	ling	[include Teleph (614) 24	e toll-free none #s 19-9741	nur (61	mber] <b>FAX #</b> 4) 249-3922		afreem@		
7.	Name and address Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215  Signature of authorized filer	Title State Fil Specialist	ling	[include Teleph (614) 24	e toll-free none #s 19-9741	(61	mber] FAX # 4) 249-3922		afreem@		
7. 8. Filir 9.	Name and address Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215  Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI)	Title State Fil Specialist ed filer nstructions	ling for o	[include Teleph (614) 24	e toll-free none #s 19-9741 afreed ons of th Casualty	(61	mber] FAX # 4) 249-3922		afreem@		
7. 8. Filir 9.	Name and address Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215  Signature of authorized filer  Please print name of authorize  ng information (see General I Type of Insurance (TOI)  Sub-Type of Insurance (Sub	Title State Fil Specialist  ed filer Instructions	ling for o	[include Teleph (614) 24	e toll-free none #s 19-9741 afreed ons of th	(61	mber] FAX # 4) 249-3922		afreem@		
7. 8. Filir 9. 10.	Name and address Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215  Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI)	Title State Fil Specialist  ed filer Instructions  p-TOI) (s) (if uirements]	for o	Marie S descripti perty & 2.1 Fire	e toll-free none #s 19-9741 afreed ons of th Casualty	(61 ese	mber] FAX # 4) 249-3922		afreem@		

	ve March 1, 2007	Rate/Loss Cost Rules Rates/Rules
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms
		☐ Withdrawal ☐ Other (give description)
1/	Effective Date(s) Requested	New: 2-16-09 Renewal: 2-16-09
	Reference Filing?	Yes No
	Reference Organization (if applicable)	ISO
	Reference Organization # & Title	CL-2008-OWEFO
	Company's Date of Filing	9-24-08
	Status of filing in domicile	Not Filed ☐ Pending ☐ Authorized ☐ Disapproved
		ty Transmittal Document—
20	This filing transmittal is part of Compa	
20.	This ming transmittar is part of compa	III III III III III III III III III II
	Filing Description [This area can be use form text]	ed in lieu of a cover letter or filing memorandum and is free-
	re filing to adopt a form applicable for Co orandum.	mmercial Property policies. Please see the attached filing
mome	randam.	
	Filing Fees (Filer must provide check # a	and fee amount if applicable)
22.		calculated your filing fees, place that calculation below]

© 2007 National Association of Insurance Commissioners PC TD-1 pg 2 of 2

Effective March 1, 2007

Check #: N/A submitted by EFT

**Amount:** 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

<sup>\*\*\*</sup>Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

# FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking # E-2008MARR-7JQKYV					
2.	This filing corresponds to (Company tracking number o					
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state
01	WATER EXCLUSION ENDORSEMENT	CP 10 32 08 08	New     Replacement     Withdrawn			
02			☐ New ☐ Replacer ☐ Withdraw			
03			☐ New ☐ Replacer ☐ Withdraw			
04			☐ New ☐ Replacer ☐ Withdraw			
05			☐ New ☐ Replacer ☐ Withdraw			
06			☐ New ☐ Replacer ☐ Withdraw			
07			New Replacer Withdraw			
08			☐ New ☐ Replacer ☐ Withdraw			
09			<ul><li>☐ New</li><li>☐ Replacer</li><li>☐ Withdraw</li></ul>			
10			<ul><li>☐ New</li><li>☐ Replacer</li><li>☐ Withdraw</li></ul>			

# Nationwide Mutual Insurance Company Nationwide Property & Casualty Nationwide Mutual Fire

# Filing Memorandum

### **Arkansas**

**Commercial Property** 

Forms and Rules Implementation

With this filing we are implementing the Water Exclusion Endorsement CP 10 32 08 08. This is the same form filed by ISO in filing designation number: CF 2008–OWEFO (Forms).

We are also filing independent rule exception to rule 14 specifying mandatory use of this form. Manual page is attached.